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Bib Data Sheet

CONFIRMATION NO. 1555

SERIAL NUMBER 10/811,344	FILING DATE 03/26/2004 RULE	CLASS 359	GROUP ART UNIT 2872	ATTORNEY DOCKET NO. LEAP:132US
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/721,695 11/25/2003 *OK*
 and is a CIP of 10/733,628 12/11/2003

** FOREIGN APPLICATIONS *****

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 9	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

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TITLE

Ergonomically arranged object adjustment controls

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)